

Alternatives to Abortion Invoice

Contract #	<u>CS170042009</u>	Vendor Name:	<u>Nurses for Newborns</u>
Vendor Number:	<u>43160132900/MB00094264</u>	Vendor Address:	<u>7259 Lansdowne Ste 100</u>
			<u>St. Louis, MO 63119</u>

Bill To: Office of Administration
Commissioner's Office
201 W. Capitol Ave, Room 125
Jefferson City, MO 65101

Invoice Number: _____
Invoice Date: _____
Service Period: _____

<u>Total Contracted Allocation</u>	<u>Prior Invoiced Total</u>	<u>June Award Amount</u>
\$ 135,565.40	\$ 108,155.02	\$ 27,410.38
Quarterly expenditure adjustment:		\$ -
Total Due:		\$ 27,410.38
Allocation Remaining		\$ -

Signature: _____

